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FAX TRANSMISSION**DATE:** November 30, 2007**PTO IDENTIFIER:** Application Number 10/678,718-Conf. #9872
Patent Number**Inventor:** Stacey M. GAGE**MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (571) 273-8300**FROM:** LAHIVE & COCKFIELD, LLP

EuiHoon Lee

PHONE: (617) 994-0881**Attorney Dkt. #:** MWS-031RCE**PAGES (Including Cover Sheet):** 8**CONTENTS:**

Request for Continued Examination Transmittal (1 page in duplicate)
One Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page in duplicate)
Fee Transmittal (1 page in duplicate)
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Telephone: (617) 227-7400 Facsimile: (617) 742-4214

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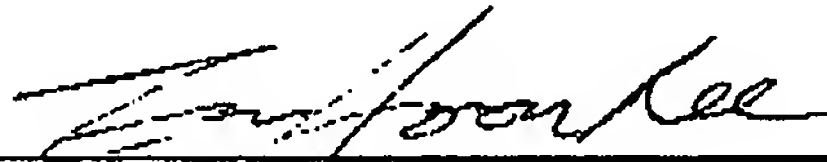
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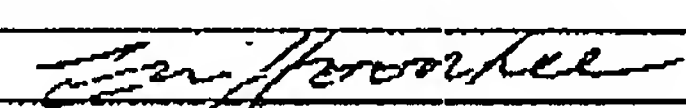
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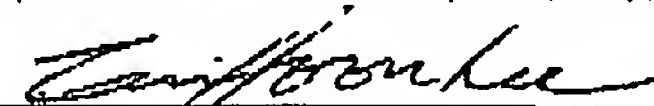
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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4878). FEE TRANSMITTAL For FY 2008		Complete If Known	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/678,718-Conf. #9872
TOTAL AMOUNT OF PAYMENT		Filing Date	October 3, 2003
(\$)		First Named Inventor	Stacey M. GAGE
930.00		Examiner Name	J. C. Ochoa
		Art Unit	2123
		Attorney Docket No.	MWS-031RCE

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input checked="" type="checkbox"/> Deposit Account <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	Deposit Account Number: 12-0080 Deposit Account Name: Lahive & Cockfield, LLP
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FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	
2. EXCESS CLAIM FEES							
Fee Description							Small Entity Fee (\$)
Each claim over 20 (including Reissues)							50
Each independent claim over 3 (including Reissues)							210
Multiple dependent claims							370
Total Claims		Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims		
HP = highest number of total claims paid for, if greater than 20.					Fee (\$)		Fee Paid (\$)
Indep. Claims		Extra Claims	Fee (\$)	Fee Paid (\$)			
HP = highest number of independent claims paid for, if greater than 3							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)			
- 100 =	/50 =	(round up to a whole number) x					
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge)							
1801 Request for continued examination (RCE) (see 37 ...)							810.00
1251 Extension for response within first month							120.00

SUBMITTED BY			
Signature		Registration No (Attorney/Agent)	L0248
Name (Print/Type)	EuiHoon Lee	Telephone	(617) 994-0881
		Date	November 30, 2007

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Date: November 30, 2007	Signature  (EuiHoon Lee)